

SAMARITAN HEALTHCARE

POLICY AND PROCEDURE	PAGE: 1 OF 3	NUMBER: 8530.401
ORIGINATING DEPARTMENT: Business Services	EFFECTIVE DATE: 5/01/91	REVIEWED: REVISED: 06/25/02
SUBJECT: Uncompensated Care Policy	APPROVED BY: _____ Business Services Director	

POLICY: Samaritan Hospital is committed to the provision of Health Care Services to all persons in need of medical attention regardless of ability to pay. The medically indigent patient, those with no or inadequate means of paying for needed care, will be granted Uncompensated care regardless of race, color, sex, religion, age or national origin as required by law (WAC-261-14).

ELIGIBILITY CRITERIA:

Uncompensated care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, workers compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have legal responsibility to pay for the costs of medical services. Elective services, not considered medically necessary by the physician, may not be considered for Uncompensated Care. Accounts placed with collection agencies will not be considered for Uncompensated care after 30 days from placement.

In those situations where appropriate primary payment sources are not available, patients shall be considered for Uncompensated care under this hospital policy based on the following criteria as calculated for the twelve (12) months prior to the date of request.

- A. Beginning at or below 200% of the Federal Poverty level, Uncompensated care will be made available to all eligible applicants. Applicants with income above 200% of the Federal Poverty level will be responsible for the entire amount owing. Applicants with income at or below 200% of the Federal Poverty level will qualify for a 100% Uncompensated care write-off.
- B. Prima Facie Write-Offs. The hospital may choose to grant Uncompensated care based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.
- C. Catastrophic Uncompensated Care. The hospital may write off as Uncompensated care amounts for patients with family income in excess of 200% of the Federal Poverty Standard when circumstances indicate severe financial hardship or personal loss.

ELIGIBILITY DETERMINATION:

Initial Determination. During the patient registration process, the hospital will make an initial determination of eligibility based on verbal or written application for Uncompensated Care. Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with the hospitals efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt. The hospital will exercise the following options:

- A. The hospital will use an application process for determining initial interest in and qualification for Uncompensated care. Should the patient choose not to apply for Uncompensated care, they will not be considered for Uncompensated care unless other circumstances or intent become known to the hospital.
- B. Requests to provide Uncompensated care will be accepted from sources such as physician, community or religious groups, social services, financial services personnel, or the patient. If the

hospital becomes aware of factors which might qualify the patient for Uncompensated care under this policy, it will advise the patient or guarantor of this potential and make an initial determination that the account is to be treated as Uncompensated care.

FINAL DETERMINATIONS:

The hospital will exercise the following options in making the final determination for:

- Option 1. Uncompensated care may be granted based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request.
- Option 2. Uncompensated care forms, instructions, and written applications will be furnished to patients when Uncompensated care is requested, when need is indicated or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital should be accompanied by documentation to verify income amounts stated on the application form. One or more of the following documents may be accepted for verification of income.
- A. Pay stubs for all employment during 3 months prior to the date of the request.
 - B. An income tax return from the most recently filed calendar year complete with W-2 withholding statements.
 - C. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance.
 - D. Forms approving or denying unemployment compensation.
 - E. Written statements from employers or welfare agencies.
 - F. Phone verification from welfare agencies.
 - G. Completed verification of absence of income form.

Option 3.

Patients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the patient shall pursue other sources of funding, including Medicaid.

Option 4.

Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.

- A. **Time Frame for Final Determination.** The hospital will provide a final determination within fourteen (14) days of receipt of a completed application and documentation.
- B. **Denial/Appeals.** Denials will be written and include instructions for appeal or reconsideration as follows. The patient/guarantor may appeal the determination of eligibility for Uncompensated care by providing additional verification of income or family size to the Director of Business Services within fourteen (14) days of receipt of notification. All appeals will be reviewed by the Administrator, Assistant Administrator - System Support and Director of Business Services. If this determination affirms the previous denial of Uncompensated care, written notification will be sent to the patient/guarantor and the Department of Health, in accordance with state law.

DOCUMENTATION & RECORDS:

- A. **CONFIDENTIALITY:** All information relating to the application will be kept confidential. Complete copies of documents which support the application will be kept with the application form.

NOTIFICATION:

Public Notification: The hospitals uncompensated care policy will be publicly available through the posting of a sign and the distribution of written material in those areas where the hospital requests information pertaining to third party coverage from the patient/guarantor.